STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	114032	A. BUILDING _____ B. WING _____	C 04/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SO CRESCENT BEH HLTH SYS - ANCHOR HOSPITAL CAMPUS	**5454 YORKTOWNE DRIVE COLLEGE PARK, GA 30349**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS At the time of the survey So Crescent Behavioral Health Systems, Inc was in compliance with Hospital Conditions of Participation CFR Parts 482.13 as a result of complaint investigation GA00172775. No deficiencies were cited.	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 000	INITIAL COMMENTS At the time of the survey, Southern Crescent Behavioral Health System-Anchor Hospital Campus was not in compliance with the Responsibilities of Medicare Participating Hospitals in Emergency Cases, at 42 CFR Parts 489.20 and CFR 489.24, as the result of EMTALA investigation #GA00174142. The _Chief Executive Officer, Admissions Director, the Director of Quality Improvement, and the Director of Nursing for the hospital were notified on December 19, 2017 at 11:07 AM, that Immediate Jeopardy (IJ)was in effect and the hospital's termination date is January 11, 2018. Based on facility record reviews, medical record reviews and staff interviews the hospital failed to provide appropriate medical screening examinations and stabilizing treatment to Patient #'s 5, 7, 8, 11 and 13; the hospital delayed providing an appropriate medical screening examination and treatment to an individual (#7) in order to inquire about the individual's method of payment or insurance status who presented to ED,as this patient presented to the emergency department with suicidal ideations; and inappropriately transferred/discharged an individual (#5) who was actively psychotic via taxi cab to another acute care hospital. The hospital's failure to provide an appropriate medical screening examination and stabilizing treatment to Patient #'s 5, 7, 8, 11, and 13; failing to appropriately transfer an individual (#5); and inquiring about an individuals (#7) method of payment or insurance status prior to providing a medical screening examination, posed an immediate and serious threat to these individuals' health and safety and	A 000	Submission of this plan of correction is not an admission that the citations are correct or that the hospital violated the rules. The hospital submits this plan of correction to document the actions it has taken to address the citations.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 12/19/17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 000	Continued From page 1 inappropriately delayed treatment for their emergency medical conditions.	A 000		
A2400	COMPLIANCE WITH 489.24 CFR(s): 489.20(l) [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is not met as evidenced by: Based on staff interviews, and review of the facility's EMTALA ED Log, Medical Staff Rules and Regulations, On call Physician schedules, Policies and Procedures, and medical records, the hospital failed to comply with 42 CFR 489.20 and 489.24. Findings included: 1. The hospital failed to ensure that Medical Staff by-laws determined who was qualified to conduct/perform appropriate medical screening examinations that were within the capability of the hospital's emergency department to include ancillary services routinely available to the emergency department to determine whether or not an emergency medical condition existed for 5 (#5, #7, #8, #11, & #13) of 26 of sampled patients. Refer to findings in Tag A-2406. 2. The hospital failed to ensure that all individuals who presented to their facility are provided stabilizing treatment as required within the capabilities of the staff and facilities available at the hospital for 5 (#5, #7, #8, & #13) of 26 sampled patients. Refer to findings in Tag A-2407. 3. The hospital facility failed to ensure that a	A2400	A2400: Hospital leadership reviewed and affirmed the applicable policies; revised the Medical Staff Bylaws to designate Qualified Medical Professionals (QMPs) who can conduct medical screening examinations; provided training to staff who work in the Intake Department on how to conduct a medical screening examination; revised the registration documents; and implemented audits to confirm that medical screening examinations are provided by designated and trained QMPs, stabilizing treatment or appropriate transfer are provided to patients determined to have an emergency medical condition, medical screening examinations are not delayed to inquire about insurance, and transfers are done in compliance with the appropriate transfer provisions of EMTALA. Please see the detailed responses to A 2405, A2406, A2407, A2408, and A2409. The hospital leadership adopted a policy and procedure related to Recipient Hospital Responsibilities in compliance with the requirements in 489.24. The policy and procedure PC.011A (See Exhibit A) was approved by the Medical Executive Committee and Governing Body on 01/10/2018. The Leadership team and staff in the intake department was educated on the requirements of EMTALA including the recipient hospital responsibilities as outlined in regulation 489.24 (f): a participating hospital that has specialized capabilities or facilities may not refuse to accept from a referring hospital within the boundaries of the United States an appropriate transfer of	01/25/2018 01/10/2018 01/25/2018

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A2400	Continued From page 2 medical screening examination was not delayed in order to inquire about the individual's method of payment or insurance status for one (#7) of 26 sampled patients who presented to the hospital seeking medical care. Refer to findings in Tag A-2408. 4. The hospital failed to ensure that medical treatment was provided that was within its capacity that minimize the risk to the individuals health; failed to ensure that the receiving hospital had available space and qualified personnel for the treatment of an individual; failed to ensure that the receiving hospital had agreed to accept the individual; failed to send the receiving facility a copy of the individuals medical records; failed to ensure the individual's transfer was effected through qualified personnel and/or transportation equipment as required during the transfer; and failed to obtain a written certification of transfer for transfer for 1 (#5) of 26 sampled patients. Refer to findings in Tag A-2409. 5. Based on review of the facility's policies and procedures the facility failed to adopt a policy and procedure related to Recipient Hospital Responsibilities 489.24, to ensure compliance with the requirements for 489.24 Review of the facility's policies and procedure failed to reveal a policy which addressed Recipient Hospital Responsibilities.	A2400	any individual who has an unstabilized emergency medical condition that requires such specialized capabilities or facilities if the receiving hospital has the capacity to treat the individual.	
A2405	EMERGENCY ROOM LOG CFR(s): 489.20(r)(3) [The provider agrees,] in the case of a hospital as defined in §489.24(b) (including both the	A2405	A2405: In response to the finding "the facility failed to maintain an emergency department central log including disposition on 135 of 2769 patients" the following corrective action has been taken:	01/25/2018

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A2405	Continued From page 3 transferring and receiving hospitals), to maintain a central log on each individual who comes to the emergency department, as defined in §489.24(b), seeking assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged. §489.24 The provisions of this regulation apply to all hospitals that participate in Medicare and provide emergency services. This STANDARD is not met as evidenced by: 1. Based on review of the facility's policies, central log, and staff interview, the facility failed to maintain an emergency department central log on each individual who comes to the emergency department seeking assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred or discharged for 135 of 2769 randomly sampled patients. Refer to findings in Tag A-2405. Findings include: Review of facility's policy PC.005, Log of Individuals Presenting for Emergency Services, issued 1/10, reviewed/revised 01/14, revealed that the facility ensures that all individuals who presented themselves for emergency services would be documented on the Log of Individuals Presenting for Emergency Services. 1.0 All individuals who presented themselves for emergency treatment at the facility and the disposition of each case would be logged on the Log of Individuals Presenting for Emergency Services. This log includes any individual who is physically present on the property of the facility or	A2405	The Director of Assessment and Referral Services and the Director of Risk and Quality Improvement reviewed and affirmed that the hospital policy PC 005 "Log of Individuals Presenting for Emergency Services" includes the requirements for documentation and maintenance of a log for each individual presenting at the facility, and that the disposition of each patient will be documented. The Director of Assessment and Referral Services reviewed and confirmed the process for completing the log. When individuals present to the hospital for assessment, the portions of the log pertaining to demographics and arrival are completed. After completing the medical screening examination, the QMP performing the examination is then responsible for completing the log by documenting the information on the patient's disposition. EDUCATION: The Director of Assessment and Referral Services has re-educated staff on the requirements for completing the log of individuals presenting at the facility. (See Exhibit B) MONITORING: The Director of Assessment and Referral Services or assigned designee reviews and reconciles the EMTALA log daily to confirm completeness. Results of these audits are documented on a "Daily Reconciliation of EMTALA Log" form (See Exhibit C). If any required information is missing, the Director of Assessment and Referral Services promptly addresses the noncompliance with the staff member responsible for completing that log entry. Aggregated data on the audit results is presented monthly to the Quality Council and	01/25/2018 01/25/2018 01/25/2018 01/25/2018 01/25/2018

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A2405	Continued From page 4 who is in an ambulance or other vehicle owned by the facility. The log would be maintained in Assessment and Referral Services. 2.0 The following information would be included in the log: 2.1 Date of request for emergency services 2.2 Patient name 2.3 Patient age 2.4 Arrival time 2.5 Mode of arrival 2.6 Nature of complaint 2.7 Whether an emergency medical condition does, in fact, exist 2.8 Departure time 2.9 Disposition 2.10 Initials of Assessment Staff 3.0 The Assessment and Referral Services Director or designee would review each completed log form for accuracy and completeness. Upon review, the Director or designee would sign and date each log. ED LOG 2016 Reviews 10/2016 through 04/2017 1. Random Sample Patient #1: Review of the ED log dated 10/3/2016 revealed the patient presented to the ED at 10:22 p.m., via car. There was no disposition documented for the patient. 2. Random Sample Patient #2: Review of the ED log dated 10/5/2016 indicated the patient presented to the ED at 12:00 and again on this same day but no time listed There was no documentation of a disposition listed for the patient at either times he presented to the hospital ED. 3. Random Sample Patient #3: Review of the ED log revealed the patient presented to the ED	A2405	Medical Executive Committee, and quarterly to the Governing Body. RESPONSIBLE PERSON: The Director of Assessment and Referral Services	

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A2405	Continued From page 5 on 10/5/2016 at 5:05 PM via EMS (emergency medical services). There was no disposition documented for the patient. 4. Random Sample Patient #4: Review of the ED log revealed the patient presented to the ED on 10/10/2016 at 7:33 p.m. via EMS. There was no documentation of a disposition for the patient. 5. Random Sample Patient #5: Review of the ED log revealed the patient presented to the ED on 10/10/2016 via car at 5:42 p.m. There was no disposition documented for the patient. 6. Random Sample Patient #6: Review of the ED log revealed the patient presented to the ED on 10/12/2016 at 10:26 a.m. via EMS. There was no disposition documented for this patient. 7. Random Sample Patient #7: Review of the ED log revealed the patient presented to the ED on 10/12/2016 at 10:47 a.m. via EMS. There was no disposition documented for this patient. 8. Random Sample Patient #8: Review of the ED log revealed the patient presented to the ED on 10/12/2016 at 11:48 a.m. via EMS. There was no disposition documented for this patient. 9. Random Sample Patient #9: Review of the ED log revealed the patient presented to the ED on 10/12/2016 at 1:35 p.m. via EMS. There was no disposition documented for this patient. 10. Random Sample Patient # 10: Review of the ED log revealed the patient presented to the ED on 10/13/2016 as a walk-in (time not completely specified). There was no disposition documented for this patient. 11. Random Sample Patient #11: Review of the ED log revealed the patient presented to the ED on 10/13/2016 (no time or mode of arrival specified. There was no disposition documented for this patient. 12. Random Sample Patient #12: Review of the ED log revealed the patient presented to the ED	A2405		

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A2405	Continued From page 6 on 10/14/2016 at 2:30 p.m., via EMS. There was no disposition documented for this patient. 13. Random Sample Patient #13: Review of the ED log revealed the patient presented to the ED on 10/15/2016 at (no time specified) via "Foot." There was no disposition documented for this patient. 14. Random Sample Patient #14: Review of the ED log revealed the patient presented to the ED on 10/17/2016 at 10:00 p.m. via EMS. There was no disposition documented for this patient. 15. Random Sample Patient #15: Review of the ED log revealed the patient presented to the ED on 10/20/2016 at 10:13 a.m. (no arrival mode listed). There was no disposition documented for this patient. 16. Random Sample Patient #16: Review of the ED log revealed the patient presented to the ED on 10/20/2016 at 2:07 p.m., via EMS. There was no disposition documented for this patient. 17. Random Sample Patient #17: Review of the ED log revealed the patient presented to the ED on 10/21/2016 at 3:16 p.m. via EMS. There was no disposition documented for this patient. 18. Random Sample Patient #18: Review of the ED log revealed the patient presented to the ED on 10/24/2016 at 4:30 p.m. There was no disposition documented for this patient. 19. Random Sample Patient #19: Review of the ED log revealed the patient presented to the ED on 10/25/2016 at (no time stated) via EMS. There was no disposition documented for this patient. 20. Random Sample Patient #20. Review of the ED log revealed the patient presented to the ED on 10/26/2016 at 5:17 p.m., via EMS. There was no disposition documented for this patient. 21. Random Sampled Patient #21: Review of the ED log revealed the patient presented to the ED on 10/29/2016 via EMS at 5:26 p.m. There was	A2405		

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A2405	Continued From page 7 no disposition documented for this patient. 22. Random Sampled Patient #22: Review of the ED log revealed the patient presented to the ED on 10/30/2016 at 11:00 p.m. via car. There was no disposition documented for the patient. 23. Random Sampled Patient #23: Review of the ED log revealed the patient presented to the ED on 11/02/2016 at 11:31 a.m., via EMS. There was no disposition documented for the patient. 24. Random Sample Patient #24: Review of the ED log revealed the patient presented to the ED on 11/3/2016 (no time or arrival mode specified). There was no disposition documented for the patient. 25. Random Sample Patient #25: Review of the ED log revealed the patient presented to the ED on 11/04/2016 at 12:08 p.m. via car. There was no disposition documented for the patient. 26. Random Sample Patient #26: Review of the ED log revealed the patient presented to the ED on 11/06/2016 at 7:35 p.m., via EMS. There was no disposition documented for the patient. 27. Random Sample Patient #27: Review of the ED log revealed the patient presented to the ED on 11/7/2016 at 3:05 a.m. via car. There was no disposition documented for the patient. 28. Random Sample Patient #28: Review of the ED log revealed the patient presented to the ED on 11/10/2016 (no mode or time specified). There was no disposition documented for the patient. 29. Random Sample Patient #29: Review of the ED log revealed the patient presented to the ED on 11/10/2016 as a walk/in (no time specified). There was no disposition documented for the patient. 30. Random sample Patient #30: Review of the ED log revealed the patient presented to the ED on 11/10/2016 at 4:16 p.m., via car. There was no disposition documented for the patient.	A2405		

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A2405	Continued From page 8 31. Random Sample patient #31: Review of the ED log revealed the patient presented to the ED on 11/10/2016 at 5:30 p.m., via EMS. There was no disposition documented for the patient. 32. Random Sample Patient #32: Review of the ED log revealed the patient presented to the ED on 11/11/2016 at 3:00 p.m., via EMS. There was no disposition documented for the patient. 33. Random Sample Patient #33: Review of the ED log revealed the patient presented to the ED on 11/11/2016 at 5:20 p.m. via EMS. There was no disposition documented for the patient. 34. Random Sample Patient #34: Review of the ED log revealed the patient presented to the ED on 11/11/2016 at 7:09 p.m., via EMS. There was no disposition documented for this patient. 35. Random Sample Patient #35: Review of the ED log revealed the patient presented to the ED on 11/21/2016 at 12:42 p.m., by Law Enforcement. There was no disposition documented for this patient. 36. Random Sample Patient #36: Review of the ED log revealed the patient presented to the ED on 11/21/2016 via EMS. There was no disposition documented for the patient. 37. Random Sample Patient #37: Review of the ED log revealed the patient presented to the ED on 11/23/2016 at 11:54 am via car. There was no disposition documented for this patient. 38. Random Sample Patient #38: Review of the ED log revealed the patient presented to the ED on 12/01/2016 at 8:51 a.m., via EMS. There was no disposition documented for this patient. 39. Random Sample Patient #39: Review of the ED log revealed the patient presented to the ED on 12/2/2016 at 10:58 a.m., via car. There was no disposition documented for this patient. 40. Random Sample Patient #40: Review of the ED log revealed the patient presented to the ED	A2405		

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A2405	Continued From page 9 on 12/2/2016 at 2:00 p.m. via EMS. There was no disposition documented for this patient. 41. Random Sample Patient #41: Review of the ED log revealed the patient presented to the ED on 12/2/2106 at 5:26 p.m., via EMS. There was no disposition documented for this patient. 42. Random Sample Patient #42: Review of the ED log revealed the patient presented to the ED on 12/3/2016 at 1:34 p.m. via car. There was no disposition documented for this patient. 43. Random Sample Patient #43: Review of the ED log revealed the patient presented to the ED on 12/4/2016 at 1:00 p.m. via car. There was no disposition documented for this patient. 44. Random Sample Patient #44: Review of the ED log revealed the patient presented to the ED on 12/5/2016 at 1:10 p.m., via EMS. There was no disposition documented for this patient. 45. Random Sample Patient #45: Review of the ED log revealed the patient presented to the ED on 12/5/2016 at 3:42 p.m., (no mode specified). There was no disposition documented for this patient. 46. Random Sample Patient #46: Review of the ED log revealed the patient presented to the ED on 12/6/2916 at 7:37 p.m. via EMS. There was no disposition documented for this patient. 47. Random Sample Patient #47: Review of the ED log revealed the patient presented to the ED on 12/6/2016 at 5:00 p.m., via car. There was no disposition documented for this patient. 48. Random Sample Patient #48: Review of the ED log revealed the patient presented to the ED on 12/8/2016 at 4:12 p.m. via EMS. There was no disposition documented for this patient. 49. Random Sample Patient #49: Review of the ED log revealed the patient presented to the ED on 12/10/2016 at 4:20 p.m. via car. There was no disposition documented for this patient.	A2405		

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SO CRESCENT BEH HLTH SYS - ANCHOR HOSPITAL CAMPUS	5454 YORKTOWNE DRIVE COLLEGE PARK, GA 30349

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2405	Continued From page 10 50. Random Sample Patient #50: Review of the ED log revealed the patient presented to the ED on 12/10/2016 at 4:45 p.m., via car. There was no disposition documented for this patient. 51. Random Sample Patient #51: Review of the ED log revealed the patient presented to the ED on 12/17/2016 at 10:45 a.m., via EMS. There was no disposition documented for this patient. 52. Random Sample Patient #52: Review of the ED log revealed the patient presented to the ED on 12/20/2016 at 1:55 p.m. via car. There was no disposition documented for this patient. 53. Random Sample Patient #53: Review of the ED log revealed the patient presented to the ED on 12/20/2016 (no time or mode of arrival specified). There was no disposition documented for this patient. 54. Random Sample Patient #54: Review of the ED log revealed the patient presented to the ED on 12/21/2016 at 2:10 p.m. via EMS. There was no disposition documented for this patient. 55. Random Sample Patient #55: Review of the ED log revealed the patient presented to the ED on 12/26/2016 at 12:00 noon. There was no disposition documented for this patient. 56. Random Sample Patient #56: Review of the ED log revealed the patient presented to the ED on 12/27/2016 at 3:00 p.m. via EMS. There was no disposition documented for this patient. 57. Random Sample Patient #57: Review of the ED log revealed the patient presented to the ED on 12/28/2016 at 1:09 p.m., via EMS. There was no disposition documented for this patient. 58. Random Sample Patient #58: Review of the ED log revealed the patient presented to the ED on 12/29/2016 as a walk-in at 2:07 p.m. There was no disposition documented for this patient. 59. Random Sample Patient #59: Review of the ED log revealed the patient presented to the ED	A2405		

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A2405	Continued From page 11 on 01/02/2017 at 5:15 p.m. via police. There was no disposition documented for this patient. 60. Random Sample Patient #60: Review of the ED log revealed the patient presented to the ED on 01/02/2017 at 7:29 p.m. (no mode of arrival). There was no disposition documented for this patient. 61. Random Sample Patient #61: Review of the ED log revealed the patient presented to the ED on 01/03/2017 at 3:58 p.m. via Law Enforcement. There was no disposition documented for this patient. 62. Random Sample Patient #62: Review of the ED log revealed the patient presented to the ED on 01/05/2017 via car, and no time was specified. There was no disposition documented for this patient. 63. Random Sample Patient #63: Review of the ED log revealed the patient presented to the ED on 01/05/2017 at 3:30 p.m., as a walk-in. There was no disposition documented for this patient. 64. Random Sample Patient #64: Review of the ED log revealed the patient presented to the ED on 01/05/2017 at 7:50 p.m. via car. There was no disposition documented for this patient. 65. Random Sample Patient #65: Review of the ED log revealed the patient presented to the ED on 01/09/2017 at 1:21 p.m. via EMS. There was no disposition documented for this patient. 66. Random Sample Patient #66: Review of the ED log revealed the patient presented to the ED on 01/09/2017 at 3:30 p.m. (no mode of arrival specified). There is no disposition documented for this patient. 67. Random Sample Patient #67: Review of the ED log revealed the patient presented to the ED on 01/10/2017 at 409 p.m., via car. There is no disposition documented for this patient. 68. Random Sample Patient #68: Review of the	A2405		

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A2405	Continued From page 12 ED log revealed the patient presented to the ED on 01/10/2017 via car, (no time specified). There was no disposition documented for this patient. 69. Random Sample Patient #69: Review of the ED log revealed the patient presented to the ED on 1/11/2017 at 11:34 a.m., via EMS. There was no disposition documented for this patient. 70. Random Sample Patient #70: Review of the ED log revealed the patient presented to the ED on 1/12/2017 via EMS (no time specified). There was no disposition documented for this patient. 71. Random Sample Patient #71: Review of the ED log revealed the patient presented to the ED on 1/13/2017 at 12:15 p.m., via EMS. There was no disposition documented for this patient. 72. Random Sample Patient #72: Review of the ED log revealed the patient presented to the ED on 1/13/2017 at 12:25 p.m., via EMS. There was no disposition documented for this patient. 73. Random Sample Patient #73: Review of the ED log revealed the patient presented to the ED on 01/13/2017 at 3:15 p.m., via EMS. There was no disposition documented for this patient. 74. Random Sample Patient #74: Review of the ED log revealed the patient presented to the ED on 1/13/2017 at 6:30 p.m. as a walk-in. There was no disposition documented for this patient. 75. Random Sample Patient #75: Review of the ED log revealed the patient presented on the ED on 1/14/2017 at 2:30 p.m. as a walk-in. There was no disposition documented for this patient. 76. Random Sample patient #76: Review of the ED log revealed the patient presented to the ED on 01/14/2017 at 8:24 p.m., as a walk-in. There was no disposition documented for this patient. 77. Random Sample patient #77: Review of the ED log revealed the patient presented to the ED on 1/15/2017 at 2:00 p.m. as a walk-in. There was no disposition documented for this patient.	A2405		

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A2405	Continued From page 13 78. Random Sample Patient #78: Review of the ED log revealed the patient presented to the ED on 1/15/2017 at 8:10 p.m., via car. There was no disposition documented for this patient. 79. Random Sample Patient #79: Review of the ED log revealed the patient presented to the ED on 1/16/2017 at 1:00 p.m., via car. There was no disposition documented for this patient. 80. Random Sample Patient #80: Review of the ED log revealed the patient presented to the ED on 01/16/2017 at 1:20 p.m. via car. There was no disposition documented for this patient. 81. Random Sample Patient #81: Review of the ED log revealed the patient presented to the ED on 01/18/2017 at 8:13 p.m. (No time specified). There was no disposition documented for this patient. 82. Random Sample Patient #82: Review of the ED log revealed the patient presented to the ED on 01/19/2017 at 6:000 a.m., via EMS. There was no disposition documented for this patient. 83. Random Sample Patient #83: Review of the ED log revealed the patient presented to the ED on 01/22/2017 at 11:50 a.m., (no arrival mode specified). There was no disposition documented on this patient. 84. Random Sample Patient #84: Review of the ED log revealed the patient presented to the ED on 01/22/2017 at 6:30 a.m., via Law Enforcement. There was no disposition documented on the patient. 85. Random Sample Patient #85: Review of the ED log revealed the patient presented to the ED on 01/22/2017 (no time of arrival mode specified). There was no disposition documented on the patient. 86. Random Sample Patient #86: Review of the ED log revealed the patient presented to the ED on 01/22/2017 at 11:12 p.m. via ambulance.	A2405		

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A2405	Continued From page 14 There was no disposition documented on the log for this patient. 87. Random Sample Patient #87: Review of the ED log revealed the patient presented to the ED on 01/23/2017 at 4:50 p.m., via car. There was no disposition documented on the log for this patient. 88. Random Sample Patient #88: Review of the ED log revealed the patient presented to the ED on 01/24/2017 at 2:50 p.m., via EMS. There was no disposition documented on the log for this patient. 89. Random Sample Patient #89: Review of the ED log revealed the patient presented to the ED on 02/01/2017 (no time or mode of arrival specified). There was no disposition documented on the log for this patient. 90. Random Sample Patient #90: Review of the ED log revealed the patient presented to the ED on 02/02/2-17 at 5:23 p.m., via EMS. There was no disposition documented on the log for this patient. 91. Random Sample Patient #91: Review of the ED log revealed the patient presented to the ED on 02/02/2017 at 7:06 p.m. via car. There was no disposition documented on the log for this patient. 92. Random Sample Patient #92: Review of the ED log revealed the patient presented to the ED on 02/02/2017 at 7:39 p.m., via EMS. There was no disposition documented on the log for this patient. 93. Random Sample Patient #93: Review of the ED log reveled the patient presented to the ED on 02/03/2017 at 3:10 p.m. via EMS. There was no disposition documented on the log for this patient. 94. Random Sample Patient #94: Review of the ED log revealed the patient presented to the ED on 02/05/2017 at 4:57 p.m. via EMS. There was no disposition documented on the log for this	A2405		

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A2405	Continued From page 15 patient. 95. Random Sample Patient #95: Review of the ED log revealed the patient presented to the ED on 02/05/2017 at 5:20 p.m., via EMS. There was no disposition documented on the log for this patient. 96. Random Sample Patient #96: Review of the ED log revealed the patient presented to the ED on 02/04/2017 at 8:20 p.m. via Law Enforcement. There was no disposition documented on the log for this patient. 97. Random Sample Patient #97: Review of the ED log revealed the patient presented to the ED on 12/10/2017 at 3:10 p.m. via car. There was no disposition documented on the log for this patient. 98. Random Sample Patient #98: Review of the ED log revealed the patient presented to the ED on 01/12/2017 at 7:00 a.m., via EMS. There was no disposition documented on the log for this patient. 99. Random Sample Patient #99: Review of the ED log revealed the patient presented to the ED on 02/13/2017 at 5:50 p.m. via car. There was no disposition documented on the log for this patient. 100. Random Sample Patient 100: Review of the ED log revealed the patient presented to the ED on 02/16/2017 at 2:10 p.m., via car. There was no disposition documented on the log for this patient. 101. Random Sample Patient 101: Review of the ED log revealed the patient presented to the ED on 02/16/2017 at 3:50 p.m., via car. There	A2405		

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A2405	Continued From page 16 was no disposition documented on the log for this patient. 102. Random Sample Patient #102: Review of the ED log revealed the patient presented to the ED on 02/16/2017 at 11:10 p.m., via ambulance. There was no disposition documented on the log for this patient. 103. Random Sample Patient #103: Review of the ED log revealed the patient presented to the ED on 02/17/2017 at 6:16 a.m., via car. There was no disposition documented on the log for this patient. 104. Random Sample Patient #104: Review of the ED log revealed the patient presented to the ED on 02/20/2017 at 12:46 p.m. via Law Enforcement. There was no disposition documented on the log for this patient. 105. Random Sample Patient #105: Review of the ED log revealed the patient presented to the ED on 02/21/2017 (no date or mode of arrival). There was no disposition documented on the log for this patient. 106. Random Sample Patient #106: Review of the ED log revealed the patient presented to the ED on 02/23/2017 at 7:25 p.m., via EMS. There was no disposition documented on the log for this patient. 107. Random Sample Patient #107: Review of the ED log revealed the patient presented to the ED on 03/02/2017 at 2:20 p.m., via EMS. There was no disposition documented on the log for this patient.	A2405		

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A2405	Continued From page 17 108. Random Sample Patient #108: Review of the ED log revealed the patient presented to the ED on 03/03/2017 (no time or mode of arrival specified). There was no disposition documented on the log for this patient. 109. Random Sample Patient #190: Review of the ED log revealed the patient presented to the ED on 03/07/2017 at 4:46 p.m. via EMS. There was no disposition documented on the log for this patient. 110. Random Sample Patient #110: Review of the ED log revealed the patient presented to the ED on 3/8/2017 at 4:40 p.m., via EMS. There was no disposition documented on the log for the patient. 111.Random Sample Patient #111: Review of the ED log revealed the patient presented to the ED on 3/8/2017 at 2:55 p.m., via the Police. There was no disposition documented on the log for the patient. 112. Random Sample Patient #112: Review of the ED log revealed the patient presented to the ED on 03/08/2017 at 8:30 p.m., via the Police. There was no disposition documented on the log for this patient. 113. Random Sample Patient #113: Review of the ED log revealed the patient presented to the ED on 3/10/2017 at 10:48 a.m., via car. There was no disposition documented on the log for this patient. 114. Random Sample Patient #114: Review of the ED log revealed the patient presented to the ED on 3/14/2017 at 11:21 a.m., via car. There	A2405		

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A2405	Continued From page 18 was no disposition documented on the log for the patient. 115. Random Sample Patient #115: Review of the ED log revealed the patient presented to the ED on 3/20/2017 at 7:00 PM., via car. The section of the disposition of the log was scratched out and no new disposition of the patient's status was entered. 116. Random Sample Patient #116: Review of the ED log revealed the patient presented to the ED on 3/23/2017 at 3:20 p.m., via the police. There was no disposition documented on the log for the patient. 117. Random Sample Patient #117: review of the ED log revealed the patient presented to the ED on 3/14/2917 at 3:35 p.m., EMS. There was no disposition documented on the log for the patient. 118. Random Sample Patient #118: Review of the ED log revealed the patient presented to the ED on 3/26/2017 at 6:00 a.m., via EMS. There was no disposition documented on the log for this patient. 119. Random Sample Patient #119: Review of the ED log revealed the patient presented to the ED on 3/26/2017 at 8:36 p.m., via EMS. There was no disposition documented on the log for this patient. 120. Random Sample Patient #120: Review of the ED log revealed the patient presented to the ED on 3/29/2017 at 5:50 p.m., via car. There was no disposition documented on the log for this patient.	A2405		

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A2405	Continued From page 19 121. Random Sample Patient #121: Review of the ED log revealed the patient presented to the ED on 4/1/2017 at 11:27 via Law Enforcement. There was no disposition documented on the log for this patient. 122. Random Sample Patient #122: Review of the ED log revealed the patient presented to the ED on 4/2/2017 at 11:15 a.m., via car. There was no disposition documented on the log for this patient. 123. Random Sample Patient #123: Review of the ED log revealed the patient presented to the ED on 4/2/2017 at 2:10 p.m., via EMS. There was no disposition documented on the log for this patient. 124. Random Sample Patient #124: Review of the ED log revealed the patient presented to the ED on 4/5/2017 at 12:49 p.m., via Law Enforcement. There was no disposition documented on the log for the patient. 125. Random Sample Patient #125: Review of the ED log revealed the patient presented to the ED on 4/5/2017 at 1:15 PM., via EMS. There was no disposition documented on the log for this patient. 126. Random Sample Patient #126: Review of the ED log revealed the patient presented to the ED on 4/23/2017 at 1740, via PED. There was no disposition documented on the log for this patient. 127. Random Sample Patient #127: Review of the ED log revealed the patient presented to the ED on 4/24/2017 at 10:20 p.m., via PED. There	A2405		

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A2405	Continued From page 20 was no disposition documented on the log for the patient. 128. Random Sample Patient #128: Review of the ED log revealed the patient presented to the ED on 4/27/2017 at 7:30 p.m., via PED. There was no disposition documented on the log for this patient. 129. Random Sample Patient #129: Review of the ED log revealed the patient presented to the ED on 4/27/2017 at 9:04 p.m., via car. There was no disposition documented on the log for this patient. 130. Random Sample Patient #130: Review of the ED log revealed the patient presented to the ED on 4/29/2017 at 2:06 a.m. via EMS. There was no disposition documented on the log for this patient. 131. Random Sample Patient #131: Review of the ED log revealed the patient presented to the ED on 4/29/2017 at 11:18 via EMS. There was no disposition documented on the log for the patient. 132. Random Sample Patient #132: Review of the ED log revealed the patient presented to the ED on 4/29/2017 at 5:36 p.m., via EMS. There was no disposition documented on the log for this patient. 133. Random Sample Patient #133: Review of the ED log revealed the patient presented to the ED on 4/29/2017 at 5:53 p.m., via EMS. There was no disposition documented on the log for the patient. 134. Random Sample Patient # 134: review of	A2405		

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A2405	Continued From page 21 the ED log revealed the patient presented to the ED on 4/29/2017 at 6:06 p.m., via EMS. There was no disposition documented on the log for the patient. 135. Random Sample patient #135: Review of the ED log revealed the patient presented to the ED on 4/29/2017 at 6:69 (no mode of arrival was specified). There was no disposition documented on the log for this patient. During an interview on 5/1/2017 at (time) the Intake Director acknowledged the above findings related to the ED logs.	A2405		
A2406	MEDICAL SCREENING EXAM CFR(s): 489.24(a) & 489.24(c) Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (b) If an emergency medical condition is determined to exist, provide any necessary	A2406	A2406: In response to the finding "the facility failed to ensure the hospital Medical Staff by-laws determined who was qualified to conduct/perform appropriate medical screening examinations that were within the capability of the hospital's emergency department to include ancillary services routinely available to the emergency department to determine whether or not an emergency condition existed for 5 (#'s 5, 7, 8, 11, & 13) of the 26 sampled patients" the following corrective action has been taken: The Medical Executive Committee and Governing Body revised the Medical Staff Bylaws to include the definition of a QMP (Qualified Medical Professional) and to specify which personnel are qualified to perform medical screening examinations. (See Exhibit D). These individuals identified include the Intake Director, Intake Counselors, Nurse Managers, Nursing Supervisors, Registered Nurses, and Physicians. The job description for Intake Counselors further clarifies that any staff member working as an Intake Counselor must have a Master's degree or is a Registered	01/25/2018 08/07/2017

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	114032	A. BUILDING _____ B. WING _____	C 05/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SO CRESCENT BEH HLTH SYS - ANCHOR HOSPITAL CAMPUS	5454 YORKTOWNE DRIVE COLLEGE PARK, GA 30349

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A2406	Continued From page 22 stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. (2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health emergency, as provided for by section 1135(e)(1)(B) of the Act. (c) Use of Dedicated Emergency Department for Nonemergency Services If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.	A2406	Nurse; Licensed Professional Counselor; Licensed Associate Professional Counselor; Licensed Master of Social Work; Licensed Marriage and Family Therapist; Licensed Clinical Social Worker. The revised Medical Staff Bylaws were approved by the Medical Executive Committee on June 27, 2017 and by the Governing Body on August 7, 2017. The Director of Assessment and Referral Services and the Director of Risk and Quality Improvement reviewed and affirmed that the facility policy PC.007, "Assessing an Emergency," requires the facility to provide a medical screening examination to every person who presents to the hospital requesting examination and treatment. EDUCATION: The Director of Assessment and Referral Services educated the Leadership team on which positions are designated in the revised Medical Staff Bylaws as a QMP as reported above. The Medical Director/designee provided training to the intake counselors and identified competency (See Exhibit E) on: • The need for an appropriate screening examination to be provided to the individual by a designated and trained QMP for determination of whether an emergency medical/psychiatric condition exists; • How to perform a medical screening examination (MSE) within the hospital's capability. The MSE consists of an assessment of vital signs, completion of the medical and psychiatric screening form, and determination of the existence of an emergent medical condition related to psychiatric/substance abuse issue; • The process for contacting the on-call physician to relay when an emergent condition exists to obtain orders for admission to the	01/25/2018 01/25/2018 01/25/2018

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A2406	Continued From page 23 This STANDARD is not met as evidenced by: Based on review of medical records, ED logs, , policies and procedures Medical Staff Rules and Regulations and staff interviews the facility failed to ensure the hospital Medical Staff by-laws determined who was qualified to conduct/perform appropriate medical screening examinations that were within the capability of the hospital's emergency department to include ancillary services routinely available to the emergency department to determine whether or not an emergency medical condition existed for 5 (#'s 5, 7, 8, 11, & 13) of 26 of sampled patients. Findings include: 1. Review of facility's EMTALA log revealed that Patient #5, a forty-seven (47) year old, walked into the facility's ED on 3/15/17 at 5:45 PM with psychiatric complaints. Documentation in the section of the ED log titled "Emergency Medical Psych Condition (Yes or No)" in this section "N", no was documented; and the Patient #5's departure time was documented as 7:15 PM. Further review revealed that Patient #5 was referred to Hospital 'A' via 'cab'. Review of the medical record sheet for Patient #5 revealed that the disabled patient was registered on 3/15/17 at 5:53 PM. Patient# 5's presenting problem was schizophrenia. An assessment was completed by Assessment Counselor #3. According to the medical record Patient #5's closed disposition was that Patient #5 was referred to inpatient non-UHS facility (REFIP), to an Inpatient Psychiatric Adult Program and the patient's legal status was 'voluntary'. Comments by	A2406	inpatient unit or appropriate transfer to another facility. The Director of Assessment and Referral confirmed that any new Intake Counselors, with a master's degree or RN, are trained to perform MSEs and assessed for competency during their orientation process. MONITORING: For a period of at least 90 days or until 100% compliance is maintained, the Director of Assessment and Referral Services/ designee are reviewing 100% of assessments to confirm that a designated and trained QMP has completed and documented the MSE. (See Exhibit F). The aggregated data is presented monthly to the Quality Improvement Committee and Medical Executive Committee and quarterly to the Governing Body. RESPONSIBLE PERSONS: Director of Assessment and Referral Services.	01/25/2018 01/25/2018 01/25/2018

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A2406	Continued From page 24 Assessment Counselor #3 on 3/15/2017 on the medical record included that Patient #5 denied suicidal ideations/homicidal ideations (SI/HI), lacked inpatient criteria and requested to be sent to Health Clinic 'A'. The facility's Referral Recommendations and Crisis Safety Plan dated 3/15/2017 validated patient #5 was referred to Hospital 'A.' No Behavioral Health Assessment were found for Patient #5. There was no documentation in the medical record to indicate that an appropriate Medical Screening examination was provided. for patient #5 on 3/15/2017. The Medical Record for patient #5 dated 3/15/2017 from Hospital A (receiving Hospital) was reviewed. Review of the Care Activity report from Hospital A revealed in part, " ... Continuous Charting 3/16/2017 late entry of events starting on 3/15/2017 ...3/15/2017 223- (10:30 PM) Writer called (Anchor Personnel) from Anchor back to inquire about current situation. (Anchor Personnel) stated "He is voluntary and does not meet Anchors requirement for admission." Writer asked what requirements were not met and she replied "He is not having SI/HI." Patient did not have medical clearance available information available and Assessment Counselor #3 responded "Not all patients need medical clearance but some do and that we (Anchor Personnel) called him a cab because he was voluntary. The only reason I called you in the first place was a courtesy call. We did not admit him here." Documentation by the Physician on 3/16/2017 revealed in part, " ...He (#5) presents to the ER via 1013 due to active psychosis. He was sent form Anchor hospital who placed him in a taxi and paid for fare to be sent to this hospital. Review of the medical record revealed that	A2406		

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A2406	Continued From page 25 patient #5 presented with a complaint of acute depressive episode with auditory and visual hallucinations with a history of schizophrenia. Patient #5 was admitted to the hospital on 3/15/2017 at 10:15 p.m. 2. Review of the EMTALA Log date 12/01/2016 revealed that Patient #7 a seventeen (17) year-old patient walked into the facility with parents on 12/1/16 at 9:50 PM with a psychiatric complaint and that it was an emergency psychiatric condition. The medical record revealed the patient's presenting problem was "suicidal ideation." The section of the medical record titled Physician assigned was left blank. There was no documentation in the medical record to indicate that the on-call psychiatrist was called to evaluate Patient #7 who presented to the hospital's ED complaining of suicidal ideations. According to the comments section of the medical record revealed that Patient #7 absconded with parents prior to completing an assessment and refused to wait as assessor to verify the patient's insurance. The EMTALA Log revealed that Patient #7 left on 12/1/16 at 11:40 PM. No Behavioral Health Assessment was found for Patient #7. There was no documentation on the medical record to indicate that an appropriate medical screening was provided by a qualified medical personnel for patient #7 on 12/1/2016. 3. Review of the ED log reveled the patient #8 a 51 year old presented to the ED via car on 11/7/2016 at 12:45 p.m. The patient's complaint was listed on the ED log an psychiatric/ CD (Chemical Dependency), and that the patient did not have an emergency medical condition.	A2406		

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A2406	Continued From page 26 Review of the facility's Behavioral Health System Initial Clinical Assessment form dated 11/7/2016 revealed the patient's presenting problem was "Suicidal Ideation" and no plan or prior attempts. Further review of the assessment form page 49 of 49 revealed that it was completed by a QMP Assessor. The section of the form titled "Physician Signature" was left blank. There was no documentation in the medical record to indicate the on-call physician was notified on 11/7/2016 that patient #8 was in the hospital with a complaint of suicidal ideation or chemical dependency. There was no documentation that a Medical Screening examination was completed by a Qualified Medical personnel for patient #8 on 11/7/2016 4. Review of the ED log dated 10/12/2016 revealed that Patient #11 presented to the ED via car for a psychiatric complaint and that the patient's psychiatric complaint was not an emergency. Further review of the ED log revealed that patient #11 was referred to acute care facility A. Review of the facility's "Acceptance of Referral /Recommendation for Service/Refusal of treatment" dated 10/12/16 revealed the patient was assessed on 10/12/2016. The form indicated that 2 acute care facilities were recommended for the patient, facility A and B. Patient #11 signed and the assessor signed the form. There was no documentation in the medical record to indicate that a behavioral assessment form was completed for patient #11. There was no documentation that a MSE was provided by a qualified medical personnel for patient #11 on 10/12/2016.	A2406		

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A2406	Continued From page 27 5. Review of the medical record for patient #13 revealed the patient's presenting problem was "Schizophrenia" Further review indicated that a face to face assessment was performed. The comment section of the medical record revealed, Referral Source pulled back. Review of Initial Clinical Assessment dated 9/16/2016 at 8:20 p.m. The patient's Presenting Problem revealed in part, "Per the patient he/she has been diagnosed with schizoaffective disorder. The patient has had recent outbursts and has not been compliant with prescribed meds (medications).Daughter Explains." Further review indicated that the patient did admit to hearing voices and not command. Review of the "Narrative Summary of Factors: The patient does not express SI thoughts and does describe any attempts. Documentation revealed the patient was not currently homicidal or suicidal, therefore the patients ranking is low. Further review revealed the patient has been in and out the hospitals for a month because the patient does not remember to take his/her medications. Review of the Assessment Summary revealed in part, Pt. (patient) did not present with a current episode." The section of the assessment titled "Physician signature was blank. Documentation revealed the patient did not meet the criteria for Emergent medical/psychiatric condition ... as determined by the QMP assessor." There was no documentation in the medical record to indicate that a physician was called to provide a MSE. The medical screening examination was not provided by a qualified medical personnel. Additionally, the medical record did not include vital signs. Policies and Procedures	A2406		

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A2406	Continued From page 28 Review of facility policy PC.007, Assessing an Emergency, issued 01/10, reviewed/revised 01/17, revealed that it is the facility's policy to assess, stabilize, and/or appropriately transfer individuals who present with an emergency medical condition. Qualified Medical Personnel should provide an appropriate screening examination for any individual who comes to the facility and requests an examination to determine whether the person has an emergency medical condition. An individual who is determined to have an emergency medical condition should be stabilized within the fullest capability of the facility, or transferred pursuant to the facility's policy and procedure to another facility which can appropriately meet the person's needs. 2.0 Screening Examination. An appropriate screening examination should be provided to the individual by Qualified Medical Professional for determination as to whether or not an emergency medical/psychiatric condition exists. Medical Staff Rules and Regulations Review of the facility's Medical Staff Rules and Regulations, MS.002, Part 1 and Part 2, Emergency Services, revealed that emergency walk-in and evaluation services would be provided under the direction of the Medical Staff. A member of the staff, on a rotating schedule, would be on duty or on call at all times and available within a reasonable amount of time. The Medical Staff Rules and Regulations failed to reveal who was determined qualified to perform medical screening examinations and also failed to revealed the definition of Qualified Medical Personnel.	A2406		

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A2406	Continued From page 29 Interviews During the opening conference on 5/1/2017 in the conference room, the Interim CEO confirmed the facility was an Emergency Receiving Hospital that treated adult chemical dependency and psychiatric patients ages thirteen (13) years and older. The CEO stated that medical screening examinations were performed by the Intake Department, who were staffed twenty-four (24) hours per day, seven (7) days per week. Intake Department staff were required to be an RN, or masters prepared in counseling, social work, marriage/family counselors, or related counseling fields. He/she also stated that physicians were in the hospital daily to check their patients; and, were available per on-call schedule during nights, weekends, and holidays. A review of the hospital's Medical Staff Rules and Regulations revealed no documented evidence that a Registered Nurse, Master's prepared in counseling, Social Work, marriage/family counselors, or related counseling fields were listed as determined Qualified Medical Personnel to conduct medical screening examinations Interview with the Intake Director on 5/2/2017 at 11:48 AM in the conference room revealed that he/she had been in his/her current position for one (1) year, and had been trained in EMTALA upon hire and periodically. He/she was aware that patients should receive a medical screening examination, and that the results of such should be in their medical records. The Intake Director stated that he/she performed staff evaluations at ninety (90) days, and annually. He/she also stated that he/she performed Quality Reviews monthly, primarily	A2406		

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A2406	Continued From page 30 checking for: " Time in door to disposition " Quality of test calls " Timeliness of assessments- within 8 hours of admission " Completeness of assessments " Completion of admission consents " Documentation of fifteen (15) minute checks He/she also stated that he/she did not routinely check the medical record for Behavioral Health Assessment recommendations versus disposition, but would do so if something stood out.	A2406		
A2407	STABILIZING TREATMENT CFR(s): 489.24(d)(1-3) (1) General. Subject to the provisions of paragraph (d)(2) of this section, if any individual (whether or not eligible for Medicare benefits) comes to a hospital and the hospital determines that the individual has an emergency medical condition, the hospital must provide either- (i) within the capabilities of the staff and facilities available at the hospital, for further medical examination and treatment as required to stabilize the medical condition. (ii) For for transfer of the individual to another medical facility in accordance with paragraph (e) of this section. (2) Exception: Application to inpatients. (i) If a hospital has screened an individual under paragraph (a) of this section and found the individual to have an emergency medical condition, and admits that individual as an inpatient in good faith in order to stabilize the emergency medical condition, the hospital has satisfied its special responsibilities under this	A2407	A2407: In response to the finding "the facility failed to ensure that all patients who presented to the facility receive stabilizing treatment as needed/required within the capabilities of the staff and facilities available at the hospital for 5 (#'s 5, 7, 8, 11, and 13 of the 26 sampled patients" the following corrective action has been taken: The Director of Assessment and Referral Services and the Director of Risk and Quality Improvement reviewed and affirmed that the facility policy PC.007 "Assessing an Emergency" requires admission to provide stabilizing treatment or an appropriate transfer to be provided to anyone determined by the QMP to have an emergency medical condition. The Director of Assessment and Referral Services reviewed and revised the process in the Intake department to clarify that QMPs must discuss all patients assessed to have an emergency medical condition with the on-call physician to obtain orders for admission to the inpatient unit for stabilizing treatment or appropriate transfer to another facility.	01/25/2018 01/25/2018 01/25/2018

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A2407	Continued From page 31 section with respect to that individual (ii) This section is not applicable to an inpatient who was admitted for elective (nonemergency) diagnosis or treatment. (iii) A hospital is required by the conditions of participation for hospitals under Part 482 of this chapter to provide care to its inpatients in accordance with those conditions of participation. (3) Refusal to consent to treatment. A hospital meets the requirements of paragraph (d)(1)(i) of this section with respect to an individual if the hospital offers the individual the further medical examination and treatment described in that paragraph and informs the individual (or a person acting on the individual's behalf) of the risks and benefits to the individual of the examination and treatment, but the individual (or a person acting on the individual's behalf) does not consent to the examination or treatment. The medical record must contain a description of the examination, treatment, or both if applicable, that was refused by or on behalf of the individual. The hospital must take all reasonable steps to secure the individual's written informed refusal (or that of the person acting on his or her behalf). The written document should indicate that the person has been informed of the risks and benefits of the examination or treatment, or both. This STANDARD is not met as evidenced by: Based on review of the facility's EMTALA Log, medical records,On-Call Physician schedules, policies and procedures, Medical Staff Rules and Regulations, and staff interviews, the facility failed to ensure that all patients who presented to the facility receive stabilizing treatment as needed/required with the capabilities of the of the	A2407	The Director of Assessment and Referral Services and the Director of Risk and Quality Improvement confirmed that the corrective action will result in completion and thorough documentation of medical screening examinations of individuals presenting to the hospital, documentation of the discussion of any emergent patients with the physician, and documentation of either admission for stabilizing treatment or appropriate transfer of emergent patients. EDUCATION: The Director of Assessment and Referral Services has re-educated the staff on EMTALA. (See Exhibit G). The training specifically included the requirement that the facility must stabilize and/or appropriately transfer individuals who present and are determined by the QMP to have an emergency medical condition. The Director of Risk Management and Quality Improvement confirmed that all Intake staff have been trained on the EMTALA requirement that the facility must stabilize and/or appropriately transfer individuals who present and are determined by the QMP to have an emergency medical condition. MONITORING: The Director of Assessment and Referral Services or assigned designee reviews the EMTALA log and all assessments daily to confirm that the assessments of any patients determined to have an emergency medical condition have been discussed with a physician and that each emergent patient has been admitted for stabilizing treatment or has been appropriately transferred. Issues of non-compliance are corrected and re-education occurs immediately with the person who made the error. (See Exhibit H)	01/25/2018 01/25/2018 01/25/2018 01/25/2018

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A2407	Continued From page 32 staff and facilities available at the hospital for 5 (#5, #7, #8, #11 and #13) of 26 sampled patients. Findings include: 1. Review of facility's EMTALA log revealed that Patient #5, a forty-seven (47) year old, walked into the facility on 3/15/17 at 5:45 PM with psychiatric complaints. Patient #5's departure time was 7:15 PM. Patient #5 was referred to Hospital 'A' via 'cab'. Review of the demographic sheet for Patient #5 revealed that the disabled patient was registered on 3/15/17 at 5:53 PM. Patient# 5's presenting problem was schizophrenia. An assessment completed by Assessment Counselor #3. According to the demographic sheet, Patient #5's closed disposition was that Patient #5 was referred to inpatient non-UHS facility (REFIP), to an Inpatient Psychiatric Adult Program and the patient's legal status was 'voluntary'. Comments by Assessment Counselor #3 on 3/15/2017 included that Patient #5 denied suicidal ideations/homicidal ideations (SI/HI), lacked inpatient criteria and requested to be sent to Clinic 'A' . No transfer form or Behavioral Health Assessment were found for Patient #5. Patient #5 had no medical record and there was no evidence that stabilizing treatment was rendered 2. Review of the demographic sheet and EMTALA Log for Patient #7 revealed that the seventeen (17) year-old patient walked into the facility with parents on 12/1/16 at 9:50 PM with presenting problem of suicidal ideations. According to the	A2407	The Director of Risk and Quality Improvement reviews the audit results and reports it monthly to the Quality Improvement Committee and Medical Executive Committee and quarterly to the Governing Board. RESPONSIBLE PERSON: Director of Assessment and Referral Services	01/25/2018

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A2407	Continued From page 33 comments in the demographic sheet, Patient #7 absconded with parents prior to completing an assessment and refused to wait as assessor verified the insurance. The EMTALA Log revealed that Patient #7 left the facility with her parents on 12/1/16 at 11:40 PM. No Behavioral Health Assessment was found, and no evidence that stabilizing treatment was rendered to Patient #7 on 12/1/2016.. 3. Review of the demographic sheet and EMTALA Log for patient #8 revealed that the 54-year-old patient walked into the facility on 11/7/16 at 12:45 PM with the presenting problem of suicidal ideations, no plan. A Behavioral Health Assessment was performed on 11/7/16 at 2:10 PM. Review of The Acceptance of Referral/Recommendations for Service/Refusal of Treatment form revealed the recommendations of a transfer to Hospital 'B' an acute care hospital's, IP (in-patient) psych/detox. Patient #8's diagnosis was listed as bipolar disorder. There was no documented evidence that stabilizing treatment was rendered to Patient #8, on 11/7/2016. 4. Review of the EMTALA LOG revealed that patient #11 presented to the hospital on October 12, 2016 via privately owned vehicle. The patient Complaint was listed as "Psych" the section of the ED Log titled "Emergency Medical Condition" written was "N' meaning no. The patient's disposition was listed as "Referred to (name of an acute care hospital) . Review of the acceptance of the form Referral Recommendations for Service/Refusal of Treatment (dated 10/13/2016) validated Patient #11 was referred to two (2) acute care hospitals. There was no registration information for Patient #11 and no documentation	A2407		

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	114032	A. BUILDING _____ B. WING _____	C 05/02/2017

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A2407	Continued From page 34 of a mental health assessment was completed. There was also no evidence that stabilizing treatment was rendered to Patient #11 on 10/12/2016. 5. Review of the demographic sheet for Patient #13 revealed that the 56-year-old patient presented to the facility by private vehicle on 9/16/2016 at 7:20 PM presenting with schizophrenia. The medical record contained a Safety and Stress Management Plan from Hospital 'B' dated and signed by the patient on 9/15/16. A Behavioral Health assessment was performed on 9/16/16 at 8:20 PM which noted that Patient #13 had a history of Schizoaffective disorder, had recent outbursts and had been non-compliant with taking medications. The patient denied suicidal thoughts/plans and admitted to hearing voices. The assessment noted that Patient #13 did not meet the criteria for emergent medical /psychiatric condition as determined by QMP Assessor. Review of The Acceptance of Referral/Recommendations for Service/Refusal of Treatment form revealed recommendations of Transfer to Hospital 'D'. An in-patient level of care was recommended. Also noted were the following: Risks of Refusing: Lack of secure treatment environment; Benefits of Treatment: Monitored & secure treatment environment; According to the EMTALA Log, Patient #13 was discharged 9/16/16 at 8:00 PM. There was no evidence of stabilizing treatment rendered, prior to discharge. During the opening conference on 5/1/2017 at	A2407		

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A2407	Continued From page 35 9:15 AM in the conference room, the Interim CEO confirmed that the facility was an Emergency Receiving Hospital that treated adult chemical dependency and psychiatric patients ages thirteen (13) years and older. The CEO stated that medical screening examinations were performed by the Intake Department, who were staffed twenty-four (24) hours per day, seven (7) days per week. Intake Department staff were required to be a Registered Nurse or masters prepared in counseling, social work, marriage/family counselors, or related counseling fields. He/she also stated that physicians were in the hospital daily to check on their patients and were available per on-call schedule during nights, weekends, and holidays. Interview with the Intake Director on 5/2/2017 at 11:48 AM in the conference room revealed that he/she had been in his/her current position for one (1) year, and had been EMTALA trained on hire and periodically. He/she was aware that patients should receive a medical screening examination, and that the results of such should be in their medical records. The Intake Director stated that he/she performed staff evaluations at ninety (90) days, and annually. He/she also stated that he/she performed Quality Reviews monthly, primarily checking for: " Time in door to disposition " Quality of test calls " Timeliness of assessments- within 8 hours of admission " Completeness of assessments " Completion of admission consents " Documentation of fifteen (15) minute checks	A2407		

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A2407	Continued From page 36 He/she also stated that he/she did not routinely check the medical record for Behavioral Health Assessment recommendations versus disposition, but would do so if something stood out. Review of facility policy PC.007, Assessing an Emergency, issued 01/10, reviewed/revised 01/17, revealed that an individual who is determined to have an emergency medical condition should be stabilized within the fullest capability of the facility, or transferred pursuant to the facility's policy and procedure to another facility which can appropriately meet the person's needs.	A2407		
A2408	DELAY IN EXAMINATION OR TREATMENT CFR(s): 489.24(d)(4-5) (4) Delay in treatment. (i) A participating hospital may not delay providing an appropriate medical screening examination required under paragraph (a) of this section or further medical examination and treatment required under paragraph (d)(1) of this section in order to inquire about the individual's method of payment or insurance status. (ii)A participating hospital may not seek, or direct an individual to seek, authorization from the individual's insurance company for screening or stabilization services to be furnished by a hospital, physician, or nonphysician practitioner to an individual until after the hospital has provided the appropriate medical screening examination required under paragraph (a) of this section, and initiated any further medical examination and treatment that may be required to stabilize the emergency medical condition under paragraph (d)	A2408	A2408: In response to the finding "the facility failed to ensure that a medical screening examination was not delayed in order to inquire about the individual's method of payment or insurance status for 1(# 7) of 16 patients who presented to the facility out of a total of 26 sampled patients" the following corrective action has been taken: The Director of Assessment and Referral Services and the Director of Risk and Quality Improvement reviewed and affirmed that the facility policy PC.007, "Assessing an Emergency," requires that a medical screening examination not be delayed in order to inquire about or verify the individual's method of payment or insurance status. The Director of Assessment and Referral Services revised the initial registration packet to remove any request for information on insurance or coordination of benefits. That information is not obtained until after the completion of the medical screening examination. (See Exhibit I).	01/25/2018 01/25/2018 01/25/2018

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A2408	Continued From page 37 (1) of this section. (iii) An emergency physician or nonphysician practitioner is not precluded from contacting the individual's physician at any time to seek advice regarding the individual's medical history and needs that may be relevant to the medical treatment and screening of the patient, as long as this consultation does not inappropriately delay services required under paragraph (a) or paragraphs (d)(1) and (d)(2) of this section. Hospitals may follow reasonable registration processes for individuals for whom examination or treatment is required by this section, including asking whether an individual is insured and, if so, what that insurance is, as long as that inquiry does not delay screening or treatment. Reasonable registration processes may not unduly discourage individuals from remaining for further evaluation. A hospital meets the requirements of paragraph (d)(1)(ii) of this section with respect to an individual if the hospital offers to transfer the individual to another medical facility in accordance with paragraph (e) of this section and informs the individual (or a person acting on his or her behalf) of the risks and benefits to the individual of the transfer, but the individual (or a person acting on the individual's behalf) does not consent to the transfer. The hospital must take all reasonable steps to secure the individual's written informed refusal (or that of a person acting on his or her behalf). The written document must indicate the person has been informed of the risks and benefits of the transfer and state the reasons for the individual's refusal. The medical	A2408	EDUCATION: The Director of Assessment and Referral Services has re-educated the intake staff on the guidelines of EMTALA including the requirement that a medical screening examination is not delayed in order to inquire about an individual's method of payment or insurance status Intake staff has been trained during their orientation period with specific instruction included that the screening examination may not be delayed in order to inquire as to whether or not the individual has sufficient financial resources to pay for treatment, including the availability of insurance coverage. MONITORING: The Director of Assessment and Referral Services or assigned designee oversees Intake staff's compliance with the EMTALA procedures. Issues of non-compliance are documented on a supervision form, and the person who made the error is corrected and provided with immediate re-education. (See Exhibit H). RESPONSIBLE PERSONS: Director of Assessment and Referral Services	01/25/2018 01/25/2018 01/25/2018

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A2408	Continued From page 38 record must contain a description of the proposed transfer that was refused by or on behalf of the individual. This STANDARD is not met as evidenced by: Based on review of medical records, ED Logs, and policies and procedures, the facility failed to ensure that a medical screening examination was not delayed in order to inquire about the individual's method of payment or insurance status for one (#7) of sixteen (1 of 16) patients who presented to the facility, out of a total of 26 sampled patients. Findings include: The facility's Policy and Procedure titled, "Assessing an Emergency", Policy No: PC.007, Date issued: 01/10, last Date Reviewed/Revised 01/17. The policy revealed in part, Policy ... Procedure: ... 2.0 SCREENING EXAMINATION: ... The screening examination shall not delayed in order to inquire as to whether or not the individual has sufficient financial resources; to pay for treatment, including the availability of insurance coverage." Review of the medical record and ED Log for Patient #7 revealed that the seventeen (17) year-old patient walked into the facility with parents on 12/1/16 at 9:50 PM with presenting problem of suicidal ideations. According to the comments in the medical record #7 absconded with parents prior to completing an assessment and refused to wait as assessor verified the insurance. The EMTALA Log revealed that Patient #7 left on 12/1/16 at 11:40 PM. Review of	A2408		

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A2408	Continued From page 39 the medical record contained evidence that a Behavioral Health Assessment/MSE had been delayed in order to inquire/verify insurance for Patient #7 on 12/1/2016.	A2408		
A2409	APPROPRIATE TRANSFER CFR(s): 489.24(e)(1)-(2) (1) General If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and (II)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer. (B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or (C) If a physician is not physically present in the	A2409	A2409: In response to the finding "the facility failed to ensure that medical treatment was provided that was within its capacity that minimize the risk to the individuals health: failed to ensure that the receiving hospital had available space and qualified personnel for the treatment of an individual; failed to send the receiving facility a copy of the individual's medical records; failed to ensure the individual's transfer was effected through qualified personnel and/or transportation equipment as required during the transfer; and failed to obtain written certification of transfer for 1(#5) of 26 sampled patients" the following corrective action has been taken: The Director of Assessment and Referral Services and the Director of Risk and Quality Improvement reviewed and affirmed that the facility policy PC. 010 "Patient Transfer to Another Facility from SCBHS" includes the correct steps for transferring a patient determined to have an unstabilized emergency medical condition including: • The provision of stabilizing treatment within the capability of the hospital, • Determining that the receiving facility has available space and qualified personnel, • Obtaining the receiving facility's agreement to accept the individual, • Sending the receiving facility a copy of the individual's medical record, • Effecting the transfer through qualified personnel and /or transportation equipment, and • Completing a written certification of transfer (on the Memorandum of Transfer form). • Physician to sign Memorandum of Transfer	01/25/2018 01/25/2018

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A2409	Continued From page 40 emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based. (2) A transfer to another medical facility will be appropriate only in those cases in which - (i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; (ii) The receiving facility (A) Has available space and qualified personnel for the treatment of the individual; and (B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment. (iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g)	A2409	form within 24 hours of transfer (See Exhibit J) The Director of Assessment and Referral Services implemented a concurrent review of transfer paperwork for the next three months (and longer if 100% compliance has not been achieved). The Director of Assessment and Referral Services or designee reviews the transfer paperwork of every person being transferred from the Intake department to confirm the appropriate standards have been met. EDUCATION: The Director of Assessment and Referral Services has re-educated intake staff on the EMTALA rules related to transfers of patients to other facilities. Training included review of the specific requirements of: • Providing stabilizing treatment within the hospital's capability to patients determined to have an emergency medical condition, • Determining that the receiving facility has available space and qualified personnel, • Obtaining the receiving facility's agreement to accept the individual, • Sending the receiving facility a copy of the individual's medical record, • Effecting the transfer through qualified personnel and/or transportation equipment and emphasizing that emergent patients cannot be transferred via private vehicle or cab, and • Completing a written certification of transfer (Memorandum of Transfer). MONITORING: For a period of at least 90 days or until 100% compliance is maintained, the Director of Assessment and Referral Services or designee concurrently reviews 100% of transfers from the facility before the patient leaves the hospital to confirm that all steps in the process were followed and documented correctly. Issues of	01/25/2018 01/25/2018 01/25/2018

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A2409	Continued From page 41 of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and (iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer. This STANDARD is not met as evidenced by: Based on review of the facility's medical records, policies and procedures and ED logs the facility failed to ensure that medical treatment was provided that was within its capacity that minimize the risk to the individuals health; failed to ensure that the receiving hospital had available space and qualified personnel for the treatment of an individual; failed to ensure that the receiving hospital had agreed to accept the individual; failed to send the receiving facility a copy of the individuals medical records; failed to ensure the individual's transfer was effected through qualified personnel and/or transportation equipment as required during the transfer; and failed to obtain a written certification of transfer for transfer for 1 (#5) of 26 sampled patients. Findings include: Review of facility's EMTALA log revealed that Patient #5, a forty-seven (47) year old, walked	A2409	non-compliance are corrected and re-education occurs immediately with the person who made the error. The Director of Risk and Quality Improvement reviews audit results and reports monthly to the Quality Council and the Medical Executive Committee and quarterly to the Governing Body. RESPONSIBLE PERSONS: The Director of Assessment and Referral Services	01/25/2018

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A2409	Continued From page 42 into the facility on 3/15/17 at 5:45 PM with psychiatric complaints. Review of the medical record for Patient #5 revealed the disabled patient was registered on 3/15/17 at 5:53 PM. Patient# 5's presenting problem was schizophrenia. Further review revealed that an assessment was completed by Assessment Counselor #3 on 3/15/2017. Comments by Assessment Counselor #3 on 3/15/2017 included that Patient #5 denied suicidal ideations/homicidal ideations (SI/HI), lacked inpatient criteria and requested to be sent to Hospital 'A'. Review also revealed that a face to face assessment was performed and Behavioral Health Assessment were found for Patient #5. There was no documentation in the medical record to indicate that the receiving hospital was called to ensure the receiving hospital had available space and qualified personnel to for the treatment of patient #5; and no documentation that the receiving facility had agreed to accept patient #5 in transfer in order to provide appropriate medical treatment for the patient's psychiatric complaint; and no documentation that copies of the patient's medical records were sent with the patient, and the hospital failed to effect an appropriate transfer of the psychiatric patient through qualified transportation as evidenced by, review of the hospital's ED log revealed that Patient #5's departure time was 7:15 PM., the patient was referred to the receiving hospital (Hospital 'A') via 'cab'. There were no orders written by a physician giving orders to transfer patient#5 to a receiving hospital on 3/15/2017. There was no written certification of transfer form completed for patient #5 prior to transferring the patient on 3/15/2017. Review of the medical record from the	A2409		

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A2409	Continued From page 43 transferring revealed specified in part, " ...He (#5) presents to the ER via 1013 due to active psychosis. He was sent form Anchor hospital who placed him in a taxi and paid for fare to be sent to this hospital." Review of the medical record revealed that patient #5 presented with a complaint of acute depressive episode with auditory and visual hallucinations with a history of schizophrenia. Patient #5 was admitted to the hospital on 3/15/2017 at 10:15 p.m. Review of facility policy PC.007, Assessing an Emergency, issued 01/10, reviewed/revised 01/17, revealed that it is the facility's policy to assess, stabilize, and/or appropriately transfer individuals who present with an emergency medical condition. Qualified Medical Personnel should provide an appropriate screening examination for any individual who comes to the facility and requests an examination to determine whether the person has an emergency medical condition. An individual who is determined to have an emergency medical condition should be stabilized within the fullest capability of the facility, or transferred pursuant to the facility's policy and procedure to another facility which can appropriately meet the person's needs. 5.0 Patient Transfer - Psychiatric Condition 5.4 Transfer When the Individual is Stabilized. An individual may be discharged or transferred to another facility for actual treatment of mental illness following stabilizing treatment such that an emergent condition no longer exists. After stabilization, the individual may be offered the option of transfer in the following situations: 5.2.1 The insurance carrier, PPO, HMO, or other managed care organization requires service in another facility or does not cover services offered	A2409		

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A2409	Continued From page 44 at the facility 5.2.2 The individual desires less costly services by another provider 5.2.3 Appropriate treatment may be provided in another environment because of certain considerations, i.e., familiarity with staff, availability of special services, geographic proximity to other resources, family or work-related considerations, etc. Review of facility policy PC.010, Patient Transfer to Another Facility From SCBHS, issued 01/10, reviewed/revised 01/17, revealed that it is the facility's policy to provide for transfer of patients when clinically indicated, using the most appropriate mode of transport relative to the individual's clinical condition. The policy applies to patients for whom transfer is indicated after admission or stabilization following assessment and treatment of a medical or psychiatric condition.	A2409		

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	114032	A. BUILDING _____ B. WING _____	C 09/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SO CRESCENT BEH HLTH SYS - ANCHOR HOSPITAL CAMPUS	**5454 YORKTOWNE DRIVE COLLEGE PARK, GA 30349**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS At the time of the survey, So Crescent Behavioral Health System - Anchor Hospital was in compliance with 42 CFR 482.23, Patient Rights, as the result of complaint investigation #GA00179945. No deficiencies were cited.	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	114032	A. BUILDING _____ B. WING _____	C 10/31/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SO CRESCENT BEH HLTH SYS - ANCHOR HOSPITAL CAMPUS	5454 YORKTOWNE DRIVE COLLEGE PARK, GA 30349

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A 000	INITIAL COMMENTS At the time of the survey, So. Crescent Behavioral Health System was in substantial compliance with 42 CFR Parts 482, Acute Care Hospitals as the result of complaint investigations GA00179307 and GA00179638 . The following deficiencies were written as the result of that survey:	A 000		
A 117	PATIENT RIGHTS: NOTICE OF RIGHTS CFR(s): 482.13(a)(1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible. This STANDARD is not met as evidenced by: Based on medical record reviews, observation, staff interview, review of patient handbook and facility policy, the facility failed to assure that all patients received Patients rights information on admission and that Patient Rights information was posted on all units. Findings include: During a facility tour on 10/30/2017 at 8:37 AM with the DON, the following was observed: Detox unit - No Patient Rights posted Geriatric unit - Patient Rights posted Beacon West - No Patient Rights posted Beacon South -	A 117	CORRECTIVE ACTION:The facility immediately corrected this deficiency. Patient rights were posted on all units by the end of the day on 10/30/2017. STAFF EDUCATION: Senior Leaders were advised to notify the Risk Department when the communication boards on the unit have been tampered with or destroyed. A work order is to be completed and followed up on by the Director of Risk. MONITORING: Weekly unit rounds are conducted by the Risk Department and the presence of the postings have been added to this checklist to insure compliance on an ongoing basis. Any deficiencies identified will be corrected immediately. RESPONSIBLE PERSONS: Risk Director	10/31/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Akisha Fedd	Director of Risk and Quality Improvement	12/8/17

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A 117	Continued From page 1 No Patient Rights posted Dual diagnosis unit - Patient Rights posted On 10/30/2017 at 10:25 AM the DON acknowledged that all units did not have Patient Rights posted. Review of ten (10) medical records (#s 1, 2, 3, 4, 5, 6, 8, 9, and 10) revealed: Seven (7- #s 1, 2, 3, 4, 5, 6, and 9) contained evidence that Patient Rights had been provided Review of Patient Handbook revealed: Patient Rights included: 1. You, your family, or legal guardian has the right to be fully informed about your rights as a patient. You will be given a copy of these rights, and a copy will be posted on the unit. 19. You do have the right to reasonable safety insofar as the hospital practices and environment are concerned. Review of facility policy RI.005, Patient Rights, dated 1/10, reviewed/revised 1/17, revealed Procedure: I. Notification of Rights A. At the time of admission, voluntary/involuntary patients or the parent or legal guardian of minor patients shall be provided a copy of the Patient ' s Bill of Rights form and a verbal explanation of those rights in their primary language. At the time of admission, each patient shall be given written information on the following. 1. A description of the facility, its services and its costs 2. Information as to how to seek conditional release or discharge 3. A statement of patient rights assured	A 117	CORRECTIVE ACTION: It was determined that an outdated version of the Patient Rights form was present in three records. On 10/31/17, this version of the form was removed from use and replaced with the correct form. STAFF EDUCATION: All staff in the admissions department received re-education on the proper form and documentation that patient rights information is provided at admission. MONITORING: Monthly a minimum of 30 medical records are reviewed by the Director of Assessments or designee to assess compliance for attestation of patient rights received at admission. RESPONSIBLE PERSONS: Director of Assesment and Referral Services	11/2/17

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A 117	Continued From page 2 4. A description of a patient grievance procedure. B. If the patient does not understand English or is hearing impaired, staff shall contact an interpreter to explain the Patient ' s Bill of Rights in the patient ' s primary language C. Staff shall ask the patient or the parent, or guardian to sign and date a statement of receipt of the Patient 's Bill of Rights form prior to admission to acknowledge the written and verbal explanation of those rights. The signed statement shall be filed on the patient 's medical record. If the patient is unable or unwilling to sign a brief explanation of the reason will be entered on the document. D. A copy of the Patient 's Bill of Rights form shall be provided to the patient and to the patient ' s family or legal guardian prior to admission. E. A copy of the Patient 's Bill of Rights form shall be displayed prominently at all times in patient common areas, and other areas frequented by persons receiving services. Review of five (5) employee files revealed that all contained initial applications with references, job descriptions, background checks, had received annual trainings which included safe patient handling; had underwent competency testing and evaluations; and, had current BLS certifications.	A 117		
A 392	STAFFING AND DELIVERY OF CARE CFR(s): 482.23(b) The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered	A 392		

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A 392	Continued From page 3 nurse for bedside care of any patient. This STANDARD is not met as evidenced by: Based on review of unit staffing, facility's staffing matrix, staff interview, and review of patient handbook, the facility failed to have adequate numbers of personnel to provide nursing care to all patients as needed. Findings include: Review of three weeks staffing for the Beacon South and Compass units versus the provided staffing grid revealed: Beacon South, understaffed twenty-one (21) of sixty-three (63) shifts, as follows: 8/13/17 through 8/19/2017 - Understaffed on day shift 8/13/2017 Understaffed on evening shift 8/16/2017 and 8/18/2017 Understaffed on night shift 8/15/2017, 8/16/2017, 8/18/2017 and 8/19/2017 8/20/2017 through 8/26/2017 - Understaffed on day shift 8/26/2017 Understaffed on evening shift 8/20/2017 and 8/26/2017 Understaffed on night shift 8/20/2017 8/27/2017 through 9/2/2017 Understaffed on day shift 8/29/2017 and 8/30/2017 Understaffed on evening shift 8/28/2017, 8/31/2017, and 9/2/2017 Understaffed on night shift 8/29/2017, 8/30/2017, 8/31/2017, 9/1/2017, and 9/2/2017 In addition to usual staffing requirements, the unit had one (1) one on one (1:1) resident on 8/31/2017, 9/1/2017, and 9/2/2017, which	A 392	CORRECTIVE ACTION: Staffing for each unit of the facility is being reviewed daily by the CNO or designee at least two hours prior to the start of the shift comparing actual staffing to the staffing grid to insure that all units are staffed with appropriate number and skill mix of personnel to provide nursing care to all patients as needed. STAFF EDUCATION: MONITORING: A report for the upcoming shift is generated that details each unit, current census and the number of staff assigned versus the number of staff recommended via the staffing grid. No unit is staffed with less than adequate personnel on the unit providing direct patient care. RESPONSIBLE PERSONS: Chief Nursing Officer (CNO)	11/1/17

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A 392	Continued From page 4 required an additional staff member to monitor. Compass unit, understaffed six of sixty-three (63) shifts, as follows: 3/5/2017 through 3/11/2017 - Understaffed on day shift 3/5/2017 3/12/2017 through 3/18/2017 - Understaffed on evening shift 3/18/2017 10/22/2017 through 10/28/2017 - Understaffed on day shift 10/22/2017, 10/23/2017, 10/25/2017 Understaffed on evening shift 10/24/2017 The director of nursing (DON) acknowledged the above findings on 11/2/2017 during telephone verification of staffing. Review of Patient Handbook revealed: Patient Rights included: 19. You do have the right to reasonable safety insofar as the hospital practices and environment are concerned.	A 392		

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A 000	INITIAL COMMENTS At the time of the survey, So Crescent Behavioral System - Anchor Hospital was in compliance with 42 CFR Parts, 482.13, Patient Rights as the result of complaint investigation #GA00183946. No deficiencies cited.	A 000		

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